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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	990708RE/HG
	First Named Inventor	Vladimir GNEZDILOV
	Original Patent Number	6,328,658
	Original Patent Issue Date (Month/Day/Year)	12/11/2001
	Express Mail Label No.	EV 395 877 213 US

APPLICATION FOR REISSUE OF:
(Check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)


1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format
(amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☐ Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☐ 37 CFR 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all
changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original Patent Grant
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: FORM PTO/SB/122

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number.	01933	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City		State	Zip Code
Country		Telephone	Fax

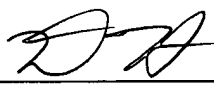
Name (Print/Type)	Douglas Holtz	Registration No. (Attorney/Agent)	33,902
Signature		Date	December 11, 2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 990708RE/LH		
Claims as Filed – Part 1									
	(1) Claims in Patent	(2) Number Filed in Reissue Application	(3) Number Extra	Small Entity			Other than a Small Entity		
				Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(A) 23	(B) 25	**** 2 =	x \$ 9 =	18	or	x \$ ____ =		
	(C) 4	(D) 5	* 1 =	x \$ 43 =	43		x \$ ____ =		
					Basic Fee (37 CFR 1.16(h))	\$335		\$ ____	
					Total Filing Fee	\$396	OR	\$ ____	
Claims as Amended – Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =		
					Total Additional Fee	\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number <u>06-1378</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ <u>396</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">December 11, 2003 _____ Date</p> <p style="text-align: center;">33,902 _____ Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: center;">  _____ Signature of Applicant, Attorney or Agent of Record Douglas Holtz _____ Typed or printed name </div> </div>									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**

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Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents Washington, D.C. 20231	Application Number	Reissue of USP 6,328,658
	Filing Date	Herewith
	First Named Inventor	Vladimir GNEZDILOV
	Group Art Unit	To be Assigned
	Examiner Name	To be Assigned
	Attorney Docket Number	990708RE/HG

Please change the Correspondence Address for the above-identified application to:

[X] Customer Number [01933] →
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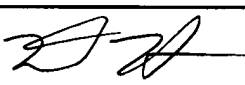
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I am the:

- [] Applicant/Inventor.
- [] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- [X] Attorney or Agent of record.
- [] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name	Douglas Holtz, Reg. No. 33,902
Signature	
Date	December 11, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

[] Total of ____ forms are submitted.
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Attorney Docket: 990708RE/HG

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPLICATION FOR REISSUE OF

PATENT NUMBER : 6,328,658

ISSUED : December 11, 2001

TITLE : AMUSEMENT RIDE